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ABSTRACT

This guide is designed to provide practical support and information about health and safety to workers in all early childhood settings. The booklet outlines the main attributes of a safe early childhood center, and then covers the following specific topics: (1) health care; (2) self-esteem; (3) immunizations; (4) nutrition; (5) medical and safety record keeping (for individual children, staff, and the center as a whole); (6) center policies and procedures on infectious diseases and illnesses; (7) infection control and prevention; (8) toy safety; (9) hazardous materials and conditions; (10) playground safety; (11) appropriate clothing; and (12) field trips. (MDM)

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The AECA Resource Book Series (formerly the Australian Early Childhood Resource Booklets) is published four time each year by the Resource Book Committee of the Australian Early Childhood Association Inc., Knox Street,Watson, ACT2602.

The series aims to provide practical support to workers in all early childhood settings. The books bring together the best information available on wide ranging topics and are an ideal resource for practitioners and students. Booklets produced in previous years have now become standard texts in many early childhood courses.

Health & Safety in Early Childhood Centres

About the author: Dawn Plested trained as an early childhood educator in England and moved to Australia in 1984 to teach in the TAFE child care course. As executive director of a regional community service organisation in the ACT she has been responsible for three family day care schemes, three long day care centres, two occasional care services, one after school care centre and up to three vacation care services. More recently Dawn worked with AECA to write a supervisor's manual commissioned by the Department of Education, Employment and Training child care traineeship scheme.

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Health and Safety in Early Childhood Centres

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The safe centre

Every child has a basic right to be safe. The safe centre is concerned with the prevention of infection and accidents as well as nurturing a positive and responsible attitude towards personal health. Researchers remain confident that in spite of the possibility of increased infections there are compensations for children's health in attending child care centres. These include

- a healthy daily program which includes outdoor and indoor activities using all the muscle groups
- the increased likelihood of immunisation being maintained
- opportunities for early intervention by referrals or problems with speech or hearing
- provision of nutritious meals where meals are provided
- opportunity to learn a positive approach to healthy living.

The responsibility of the centre is to ensure that health risks and accidents are kept to a minimum by the use of health and safety procedures in the centre. At the same time a balance needs to be maintained between the child's right to be safe and the child's need to explore and be adventurous.

A positive approach to health and safety in early childhood centres

One of the most important aspects of providing safe care and maintaining good health in the centre is ensuring that children learn positive attitudes to their own health and safety. Attitudes learned in the home and the centre during early childhood will form habits that will continue throughout life.

Health care for young children

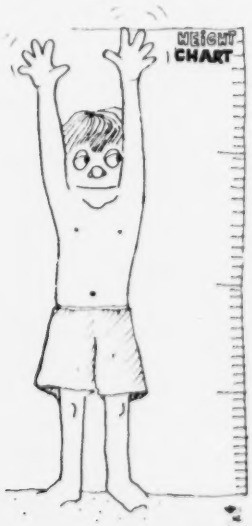
Children need to learn good health care and positive attitudes through activities and role modelling by parents and caregivers. Routines which demonstrate good hygiene practices include handwashing after toileting and before meals, assisting with cleaning tables before and after meal times and brushing teeth after meals. Include health education in the broadest possible way to teach children about being well. Story books, hospital visits and changes in seasons can all provide opportunities to teach the children about their own personal health and safety. Always practice what you preach and model good and positive health behaviours.

Encouraging good self esteem

Good self esteem can be encouraged in many different ways. Children can learn to enjoy and care for their own bodies by movement activities and role play. You can encourage and model respect for each child, their family background and culture through stories, drama and language. Children's self confidence is enhanced by being successful at the things they attempt, therefore it is important that they are given goals which are challenging but achievable. **They can be encouraged to respond to emotional needs, for example, by allowing themselves and others quiet time on their own when necessary.**

Immunisation

To date the ACT is the only state or territory which requires full immunisation before children attend child care centres. Where licensing conditions do not require immunisation, each centre has to make a decision on whether to require immunisation on entry to the centre. The debate over this topic of compulsory immunisation looks at the opposing responsibilities of the duty of care versus civil liberties. Healthy Young Children - A Manual for Programs (Kendrick et al.,1988:229) states that "all children in your program must be immunised against the diseases of diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella and Haemophilus Influenzae (Hib) at appropriate ages". Immunisation for Hepatitis A and B is also beginning to be discussed as a concern for child care centres.



Good nutrition

Children develop eating habits during early childhood which may remain with them and can significantly affect their adult health. Those centres that provide meals for children need to ensure that they are well balanced, nutritious and tasty. Eating in a relaxed atmosphere contributes to good health and a sense of well being. You can give young children information on healthy eating through books, stories and drama, and projects such as growing plants and

demonstrating what they need to grow well and strong. You can teach children how to choose their food wisely with suggestions for lunches or, for example, a "bring an apple day". This can help to provide different information from the messages that are given in television advertising.

Resources

An important part of good health and safety practices is the provision of resources and information. Information on such subjects as immunisation, nutrition, infectious diseases and support in cases of child abuse should be located in a position where it can be easily accessed by both staff and parents.

Records, Policies and Procedures

Records

The importance of maintaining good records was highlighted during the measles outbreak in inner Sydney in 1991. Harris and Levy (1991) outline the experience of the Lady Gowrie Child Centre, Sydney, where information on the measles immunisation status of the children was not reliably recorded and an update was difficult to obtain at short notice. As a result of these experiences Harris and Levy recommended that documentation on immunisation not only needs to be sighted but also fully recorded and updated regularly. They suggested that a simple photocopy of the documentation would be sufficient. Different records should be maintained in the centre for individual children and staff, and for the administering of medications.

A well maintained records system contributes to the safety and well-being of the children in care.

Individual children's records

These should be regularly reviewed and include information on:

- immunisation which is regularly updated
- emergency contact names and numbers
- names of people authorised to collect a child
- important health history such as allergies, asthma attacks, convulsions, childhood diseases, or operations
- information on children's growth and development recorded at regular intervals.

When keeping a regular check on a child's growth and development always be aware of any abnormalities. Abnormalities may occur in growth (height and weight), speech, hearing, vision, motor and intellectual skills and behaviour. These should be monitored carefully. If a problem is suspected it should be discussed with parents with a view to obtaining specialist assessment. The assessment may be conducted in the centre within the child's normal environment. Careful monitoring and assessment will ensure that problems can be identified and where necessary the child can receive special attention through an early intervention program.

Medication records should include the date, time and dose administered to the child and should be initialled by the carer giving the medication.

Recording medication information

Maintaining records of how and when medication has been administered is an important part of safety procedures. Show children that you only give prescribed medications and that they are handled with respect as dangerous drugs. Avoid over-the-counter drugs wherever possible, and only administer them with written authority from parents. This helps to ensure role modelling of the responsible use of drugs. Carefully label medication for individual children with the child's name, date and dosage. Keep it separately in a named container and store in a locked area. Medication records should include the date, time and dose administered to the child and should be initialled by the carer giving the medication.

Individual staff records

Regularly update staff records noting changes of addresses, contact numbers and medical history. Staff records should note:

- immunisation information - this is particularly essential for members of staff who may be or become pregnant
- emergency contact information
- important health history of infectious diseases
- pre-employment health examination if required screening for diseases such as tuberculosis.

Other day to day records which need to be maintained in the centre are daily attendance sheets together with information on those attending excursions. A well maintained records system contributes to the safety and well being of the children in care.

Policies

All centres need written policies on a variety of matters. These policies ensure that all those involved in the care of children know what is expected of them in certain circumstances. They provide a set of guidelines upon which the centre operates to ensure that all children, parents and members of staff are treated equitably. Some of the essential health and safety policies which need to be seen by all parents and staff are:

[Policies] provide a set of guidelines upon which the centre operates to ensure that all children, parents and members of staff are treated equitably.

- **Infectious diseases**

  This policy will be largely dictated by licensing conditions and health regulations which state the amount of time a child with a notifiable infectious disease will be excluded from the centre. In compliance with these the centre's infectious diseases policy should specify limitations on attendance of sick children and require parents to remove sick children from the centre as soon as practicable.

- **Exclusion due to illness**

The centre policy on exclusion will state when a child or staff member should be excluded from the centre due to non-notifiable illness. For example, parents will be asked to withdraw a child with an unidentified fever. Ensure that the policy states who is responsible for diagnosing illness, requiring exclusion from the centre and authorising a child's return to the centre.

- **Preventative health care**

A policy on preventative health care will help guide both parents and workers towards a positive approach to health care. It should include aspects of infection control such as handwashing and wiping of change areas at designated times.

- **Authorised collection**

This policy will state clearly who may collect children and under what circumstances this may be changed.

All policies need to be reviewed regularly to keep up to date with new information on infectious diseases or legal requirements. All policies relating to health care and infectious disease need to be acted upon by staff and parents. They need to be outlined in a written form that parents can keep, either in a handbook on the centre or a leaflet which is accessible to both parents and staff members. New staff members and parents should sign a form stating that they have read and understood the centre's policies relating to health care.

■ Procedures

It is important that procedures which affect the safety and well being of children in care are well documented. Procedures such as evacuation and medical emergencies need to clearly state, in writing, the role of staff and parents. In the event of fire you need to know how and where to take children and through which exits. Parents need to know where to collect children. Procedures for medical emergencies should include where to go for aid, written parental consent forms and location and use of transport.

Non emergency procedures such as handling of medications and reporting child abuse also need to be well documented so that there is no danger that children can be accidentally given the wrong medication or that suspected child abuse is not acted upon due to ignorance of procedures. Procedures on child abuse should state to whom concerns should be expressed, who has responsibility for notifying welfare agencies and in what circumstances. It should also clearly indicate who makes the decision to approach parents with the concerns. Ensure that information on support mechanisms for families and staff members involved in suspected child abuse is easily accessible.

Infection control and prevention

Infections can spread easily in child care centres unless preventative measures are undertaken. Ferson (1991:7) states "There are many factors which contribute to this situation, including little pre-existing immunity to many infections, the ease with which infections can be brought in from outside, frequent close contact between toddlers, lack of personal hygiene and high mobility of this age group". However research reported by Black, Dykes and Anderson (1981) shows that preventative measures such as teaching and using good personal hygiene practices can reduce the spread of infection within the centre with some quite dramatic results. Their study indicated that the incidence of diarrhoea in early childhood centres can be reduced by up to 50% when regular handwashing is enforced.

Good cleaning and disinfection routine

Many viruses to which young children are susceptible can remain infectious on bench tops or skin for several hours or even days. The Influenza A virus persists on bench tops for 24-48 hours and on skin for 5 minutes. The Respiratory Syncitial virus remains on bench tops for 8 hours and can infect another person touching that surface for up to 25 minutes. This means that established routines for cleaning surfaces are very important. Disinfect surfaces and nappy changing areas using bleach diluted according to the manufacturer's instructions. Fresh solution should be prepared every day to maintain effectiveness. The easiest way to use the solution is in a spray bottle which must be kept out of the reach of children.

Toys which are put into children's mouths should be cleaned daily or more often if necessary. Wash and disinfect equipment for babies at least twice a week. There should be a written procedure for washing, sterilising and storing bottles and teats. Clean tables, kitchen surfaces and benches with detergent after activities, meal preparation and after meals. Wash bed linen, individual cots, stretchers or mattresses weekly or when soiled. Ensure that the centre is cleaned daily to remove dirt and food from floors, disinfect toilet and nappy changing areas and wipe chairs. The kitchen should be clean at all times with a written cleaning schedule for refrigerators, ovens, cook tops, etc. Make sure that dishes are washed immediately after meals and snacks. A similar written schedule should be maintained for cleaning of windows, soft furnishings, blinds and curtains, carpets and rugs. Ensure that bin liners are used at all times and garbage disposed of regularly into external bins with secure lids. Locate the external bins in an area where children cannot have access.

Regular handwashing for both staff and children

Regular washing of hands is the most important and simple strategy for preventing the spread of infection (Holland, 1989; Kendrick et al, 1988). This should be undertaken by staff, children and visitors. Water used by children needs to be premixed at a regulated temperature. Pictorial reminders such as posters can be displayed to remind everyone of its importance. Handwashing needs to be a part of the regular routine (Holland, 1989; Kendrick et al, 1988).

Always wash your hands:

- upon arrival for the day
- before eating or handling food
- before feeding a child
- after nappy changing and toileting
- after handling body fluids (blood, mucus, vomitus, urine) and after wiping noses, mouths, bottoms, sores - even if wearing gloves, which is now standard practice.
- after cleaning
- after giving medication.

It is important to wash hands properly by:

- using soap from a liquid soap dispenser
- using only running water
- washing all surfaces and rinsing hands well
- drying with a paper towel
- turning taps off with the paper towel and not with clean hands.

Regular washing of hands is the most important and simple strategy for preventing the spread of infection.

Hand lotion should be provided for staff members as they will be washing their hands frequently during the day.

Use of hygiene principles in food handling

In addition to following basic handwashing procedures follow these additional procedures in the preparation of food in the centre. Limit direct handling of food as much as possible and wash raw fruits and vegetables before use. Cover all refrigerated food and food stored on shelves. Take special note of expiry dates on food products. Kitchen staff should wear clean clothes and maintain good personal hygiene habits such as clean nails. Hair should be covered at all times. As with child care workers they should not handle or prepare food if they are sick with an infectious disease.

Hygienic nappy changing and toileting arrangements

Just as regular handwashing can cut down on up to 50% of the incidence of diarrhoea in a centre so also can good hygienic practices when changing nappies and assisting older children with toileting. Ensure that the nappy changing bench is secure and within reach of a handbasin. Wipe the bench down with bleach solution and wash your hands between each change to ensure that infection is not passed from one child to another. Always put used cloth nappies in lidded containers with plastic liners prior to laundering. Disposable nappies should be placed in a similar container. Place all containers of nappies out of the children's reach. Empty potties directly into toilets to avoid splashing and disinfect them with bleach solution after each use. Make sure all lotions are located within easy access of the change table but out of reach of children.

Education about hygiene and infection control

Management committees and centre directors need to keep up to date with research and information on infection prevention. Contact your local health department, licensing and advisory agencies for up-to-date information. The National Health and Medical Research Council are developing national guidelines for health policies and procedures which will be of great assistance when they become available. Develop long term strategies for continuous education of staff and parents about hygiene and infection control using a variety of formal and informal information dissemination techniques.

The ill child

All centres should have a member of staff with a current first aid certificate on duty at all times. If a child appears to become very ill whilst attending the centre then staff need to follow the medical emergency procedures. Such emergencies might include febrile convulsions, sudden unconsciousness or delirium due to very high temperature. Ensure that the first aid kit is well stocked and easily accessible to all members of staff.

In cases of minor illness separate the child from other children as soon as a diagnosis has been made. Most centres do not have space available for isolation of sick children and parents need to be contacted to collect the child. Until this is possible place the child somewhere quiet away from other children and where they can rest and be watched. Keep written information on the treatment of minor illness such as sunburn, diarrhoea, vomiting and colds where it can be easily accessed. Healthy Young Children - A Manual for Programs (1989) provides good information on this which could be made into a single sheet resource.

Ensure that the first aid kit is well stocked and easily accessible to all members of staff.

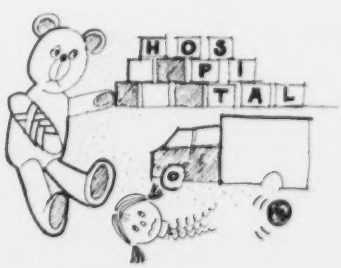
Creating a safe environment

Accident prevention is an essential part of a caregiver's responsibilities because larger group size multiplies the likelihood of accidents (Bissland, 1988). Prevention of accidents means ensuring that all equipment is safe and suitable for the age of the child using it. It also includes safe storage of equipment and chemicals.

It is impossible to ensure that any home or centre will be entirely accident free. However there are a number of safety precautions which can go a long way towards ensuring that as many accidents as possible are prevented.

Toys

Provide toys appropriate for the age group that will be using them. Infants and toddlers will put most toys in their mouths so they need to be large enough so that they will not be swallowed and finished with a non-toxic paint or varnish. Do not buy toys with sharp edges or small detachable pieces such as tyres on cars which may be swallowed or inhaled. Soft toys need to be securely sewn and not have any small detachable parts such as eyes. Ensure that they are not stuffed with flammable material or small beans. Check all



Take damaged toys out of circulation until they are repaired.

toys regularly to ensure they are in good repair paying special attention to sharp edges, the possibility of small pieces breaking off or stuffing coming out. Take any damaged toys out of circulation until they are repaired.

■ Supervision

Make sure that children are supervised by adults at all times. Use extra adults for supervision during particular activities such as cooking and during excursions. Install windows to ensure ongoing supervision of infant sleep areas, during nappy changing, toileting and between indoor and outdoor areas. Always follow centre procedures when children are collected to ensure that they are collected only by authorised persons.

■ Storage

Dangerous substances

All dangerous substances need to be kept in a place where children cannot under any circumstances have access to them. These include medications, chemicals, cleaning agents and garbage, such as soiled nappies.

Toys and materials

Place storage shelves and cupboards out of reach or keep them locked. Check that they are secure so that they cannot be accidentally pulled down. Larger toys need to be put away as soon as they are finished with so that they do not cause a hazard to children playing in the area. Do not store toys, equipment, papers or strollers in passageways.

■ Hazards

There are many potential hazards for children in the child care centre as in the home. However, careful planning and thinking ahead can ensure that most accidents are avoided.

Electrical hazards
Cover all electrical points with dummy plugs. Check all electrical equipment, leads and plugs each time they are used. Install a safety circuit breaker.

Burns and scalds
Fit cook tops with a guard so that pans cannot be accidentally pulled off. Put heating appliances out of reach of children or protect them with a secured fire guard. Do not drink hot drinks whilst working with children.

Glass
Make sure that all glass at the children's level is safety glass and that mirrors are splinter resistant and fastened securely to a wall.

Floor surfaces
Floors which are not carpeted need non-slip surfaces and any spills should be promptly cleared up. Worn carpet or linoleum should be replaced.

Buildings
Check regularly that buildings are in good repair. All exits allocated for use in emergency evacuations must be kept clear at all times. Keep walkways within each room and all passageways in the centre clear of obstacles.

■ Accident prevention

It is important that you find the balance between protecting the child from the possibility of accidents and allowing the child the freedom to explore and be adventurous. Accident prevention will often depend on the alertness of individual workers during the course of working with children. Each worker needs to develop an awareness of hazards to ensure that safety is maintained at the highest possible standard.

■ Playsafe outside

As with indoor safety the best prevention of accidents outside is the alertness and awareness of individual staff members. Prevention of accidents outside requires constant thought and planning to suit the abilities and interests of the children when setting up equipment. One of the main hazards in the outside area is the possibility of falls. The Canberra Times (27 June 1992:C3) quotes Bureau of Statistics figures (1984-1988) which show that for children under five, 55% of unintentional deaths were caused by falls. A knowledge and understanding of children's developmental stages is needed to set up interesting and challenging outside play situations which are safe for children.

... a balance needs to be maintained between the child's right to be safe and the child's need to explore ...

■ Equipment

Walsh (1993) challenges the usual expectations of fixed outdoor equipment for small children. She advocates creative use of loose parts, movable equipment, junk materials and unstructured play materials like water and sand. Combined with the supporting supervision of a teacher, the playground can then be more than a place to expend surplus energy; it can become a rich outside learning environment with wider scope, vision and interests. Walsh suggests that equipment like this used with some fixed equipment provides the greatest and safest challenge to young

children. Ensure that existing fixed equipment has vertical and not horizontal guard rails to prevent falls. The recommended depth for the impact absorbing surface under climbing equipment is 40 centimetres. Swings must be made of rubber and not metal or wood which may splinter.

Use a separate lockable room or cupboard for outdoor toys and equipment and ensure that there is easy and safe access to them. Check all the equipment both fixed and movable each day to ensure that it is safe and not in need of repair.

Swings must be made of rubber and not metal or wood...

■ Dressing appropriately

Children need to dress appropriately for the weather conditions. If it is cold and they are going outside they will need extra clothes on. In the summer, sun hats and sun block are essential extras. These decisions will be made for babies and toddlers but older children need to learn to judge for themselves when they are too hot or too cold. All members of staff can show through role modelling the decision making process and the appropriate clothing to wear for each occasion. Staff members should not wear high heels or restrictive clothing when working with children. Similarly parents can be encouraged to dress children in comfortable clothes and shoes for a day at the centre. Staff should always wear sun hats and sun screen when going out in the sun with the children. Tell children why you are taking off a layer of clothes when you are too hot thus encouraging them to think through solutions for themselves.

Children need to dress appropriately for the weather conditions.

Excursions

Supervision

Any excursion will require additional adults to assist with supervision. If state licensing conditions do not specify the ratio then the committee or parent group needs to establish a centre policy which is strictly adhered to. The policy will allocate staff/child ratios which will vary according to the age of the children and whether the excursion is to the local shops without crossing roads, or on a bus to the swimming pool. In some centres other adults, for example parents or students, may be counted as part of the staff numbers for excursions.

Vehicles

When children are transported in a private car or small bus the vehicle must be fitted with age appropriate safety restraints. If older children are travelling on local buses or hired coaches then local government or state regulations will specify safety procedures. These will include the number of children to a seat and the number of children in total on one bus.

Parental consent

Always inform parents when you intend to take children on an excursion. Written consent from parents or guardians must be obtained before any outing. If you regularly take children on walks in the local area then a general written consent should be obtained specifying the areas and maximum length of excursions.

The health and safety of young children is in your hands. You can help them to grow ... as well as keeping them safe as they learn and explore ...

Back to the future

Health care and prevention of accidents is a field where new information and research is constantly being presented. It is essential to ensure that all members of staff have access to new information as it arises. Information can be obtained from

local health departments, the Child Accident Prevention Foundation of Australia (CAPFA), professional bodies such as the Australian Early Childhood Association (AECA) and by checking new books which refer to these issues. Set aside time at staff meetings to discuss issues that may impinge on health and safety in the centre. Keep policies up to date and ensure that parents are notified of any changes. It is important to establish good links with the health care professionals who also work with young children. This will encourage good information exchanges on health and safety matters and cooperation for individual children when necessary,

The health and safety of young children is in your hands. You can help then to grow into positive and healthy adults as well as keeping them safe as they learn and explore during early childhood.

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